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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATEDY PURITY CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

NOV - 9 2010

T.T.W.W.W

Date:	November	5.	2010
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CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
Demond Delaney dba
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
Exclusive Transportation/
1077 Bexley Street North Charleston, SC 2940 Street Address of Applicant
Street Address of Applicant
Mailing Address of Applicant if different from street address
(843) 276 327 1 Phone
Phone
Demondelaney Qyahoo com
/Email Address
2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
. Select Entity Type: (Check one)
Individual Owner/Sole Proprietorship
Partnership - List names and address of all person having an interest in the business.
Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applicat	tion is Filed:	
Month	November	tion is Filed: Year-	2011

Assets:

21050107	
Cash	6
Receivables	Ŏ
Real Estate	٥
Buildings and Equipment (Net)	\bigcirc
Motor Vehicles (Net) \\\(\delta_1000,0\)	o 2006 Toyota Sienna
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepaids and Other Assets	0
Total Assets 18,000.0	02006 Toyota Sierna
· ·	
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	\bigcirc
Mortgages Payable OOO, C	000
Equipment Obligations	٥
Accrued Salaries and Wages	<u> </u>
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities 14,000.00	0
Capital Stock	<u>5</u>
Retained Earnings	0
Total Equity	
Total Liabilities and Equity 4,000,0) (°)

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:
Washingto I robused dates and Charges for Service are as follows:
Metered Rates \$4.00 intial entry
So each additional & mile
. so per minute wait time
4 passengers 1 fare
\$ 1.00 each additional passenger
4 passengers I fare \$ 1.00 each additional passenger 6 passenger Maxium load

Counties to be Served:	Charleston Berkley Dorchester	County		•
			·	

6 passengers / 1	driver	= OCCUPANY

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODE	L	VIN#		GHT PTY	SEATING CAPACITY
2006	Tovata	Sienna	STDZA23	SC16 S478665	4140LBS	.7
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INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:	
DEMOND DEL	WEY
	otor Carrier
1077 Bexley.	street, N. Charleson, Sc 2
Address of M	Aotor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 273700	Limits 25000 150,000 1 25000
The above quoted premium is for a term of 12	months,
Minimum Limits - Lotrastate Only:	
1-7 Passenger \$ 25,000/50,00	00/25,000
8-15 Passengers \$ 25,000/100.0	09/25,090
TOWER INSURA	NCE Company of New Juste
1 - 0 CF CA	4/- to 1 + ftt - cost l
120 Bro AOWAY, 31st flowe Office Add	New york, NY 10211
I am familier with the Commission's Rules and Regulation	s relating to insurance requirements and the above quote
meets the minimum insurance limits prescribed. The insur South Carolina Department of Insurance to do business in	ance company making this quote is authorized by the South Carolina.
A	u Boule
Date Authorized In	surance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

Demond

O No

O No

therewith?
Yes

ı.	Are there curren	ntly any outstanding judgmen No	nts against the Applicant?		
	If Yes, indicate	e nature of judgement(s) again	nst applicant.		
2.	Is Applicant fan carrier operation statutes and regi	niliar with all statutes and reg ns in South South Carolina, an ulations?	gulations, including safety and does Applicant agree to	regulations and governing operate in compliance wit	for-hire motor h these

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

Exhibit on Driver Qualifications

1.	Applicant understa	ands that all drivers must b	e a minimum of 18 years of age.
	Yes	○ No	
2.	and such record fro	ands that a certified copy o om the DMV of the state in the Applicant's business off	f the driver's three (3) year driving record issued by the SC DMV which the driver is or has been domiciled for such period must ice.
	Ø Yes	O No	
3.		ands that a criminal history d in the Applicant's busine No	background check from the state where the driver currently lives ss office.
4.		hen operating a charter veh	ng a vehicle under a Class C Taxi Certificate must have in icle, a valid driver's license issued by the SC DMV or the current
	Yes	O No	
5.	vehicles to drivers State Law Enforcer	who are registered, or requinent Division or any natio	ertificate holders are prohibited from employing or leasing tired to be registered, as sex offenders with the South Carolina nal registry of sex offenders.
	Ø Yes	O No	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA **POST OFFICE DRAWER 11649** COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF	SOUTH CAROLIN OF <u>Charle</u>		<u>Om</u>	Applica	Defanes unt's Signature	<u> </u>
I, of	Dem	Daney plicant's Representative Ond Dicate of Public Con	e an e	1	Title Exclusive	•
affirm tha	t all statements co	ontained in the abov	e application are tr	ue and correct	licant's Representati	U-

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JAIME' L. PIRICE

NOTARY PUBLIC SOUTH CAROLINA MY COMMISSION EXPIRES: 10-19-2016

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Notary/Pub

Commission Expires